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## *Policies and Procedures*

***Title:*** Federal Employees' Health Benefits

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This DIRECTIVE describes the Federal Employees' Health Benefits Program including responsibilities for its administration.

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## 1. ABBREVIATIONS

- DPM - Department Personnel Manual
- FEHB - Federal Employees' Health Benefits
- FPM - Federal Personnel Manual
- LWOP - Leave Without Pay
- OPM - Office of Personnel Management
- OWCP - Office of Workers' Compensation Program
- PD - Personnel Division
- USC - United States Code
- TCC - Temporary Continuation of Coverage

## 2. FORMS AND INFORMATION BOOKLETS

- RI-70-1 Information Guide and Plan Comparison Chart (booklet contains enrollment instructions, benefit summaries, cost comparison and other information to assist an employee in making a plan selection).
- SF-2809 Health Benefits Registration Form (completed by employees to enroll, not enroll, change enrollment, or cancel enrollment).
- SF-2810 Notice of Change in Health Benefits Enrollment (completed by PD to terminate enrollment, transfer enrollment, reinstate enrollment, or change name of enrollee).

## 3. DEFINITIONS

**Carrier** is a legal entity which offers a health benefits plan approved by OPM under the law.

**Enrollee** is an employee registered in a health benefit plan.

**Open Season** is the OPM designated period each year when employees may register or change enrollment in a health benefits plan. Usually open season is from Monday of the second full workweek in November through Friday of the first full workweek in December.

**Option** is a level of benefits provided by the plan. Some plans provide a high and a low/standard option, others provide only one option.

**Self and Family** is a type of enrollment which provides benefits to the employee and all eligible family members.

**Self Only** is a type of enrollment which provides benefits only to the employee.

#### **4. AUTHORITIES**

FPM and DPM Supplements 890-1, 890-8, 890-10

#### **5. EXCLUSIONS FROM FEHB COVERAGE ELIGIBILITY**

The following are excluded from coverage:

- Employees serving under appointments of 1 year or less.
- Employees expected to work less than 6 months in a service year.

EXCEPTION: An employee under a cooperative work-study program of at least 1 year's duration which requires the individual to be in pay status for at least one-third of the total time required for completion of the program.

- Intermittent employees (e.g., nonfull-time employees with no regularly scheduled tour of duty).
- Employees whose annual compensation is \$350 or less.
- Cooperative agents not under Federal supervision.
- Employees paid on a contract or fee basis.
- An enrolled employee who is changed to a position which would normally be excluded from coverage as provided under conditions in first, second and third bulleted paragraphs above, continues enrollment in the new position provided there is no break in service of more than 3 calendar days.

#### **5. RESPONSIBILITIES**

**Personnel Division** will:

- Provide information to employees on their rights and obligations under the program and ensure that all eligible employees have free choice among all plans in which they are eligible to enroll.
- Determine eligibility or ineligibility of employees and register eligible employees (including determining acceptability of late enrollments and changes of enrollment).
- Insure that registration forms are properly completed.
- Process health benefits actions (SF-2809 and SF-2810) and determine proper effective dates.
- Determine self-support capability of children over the age of 22 for continuation of coverage under the plan.
- Stock and distribute health benefits forms and literature.
- Provide advice for carrier contacts with employees on Government premises or on Government time.
- Advise employees on procedures for requesting (1) reconsideration on claims initially denied by the carrier, and (2) a review by OPM if the reconsideration is denied.

**Employee will:**

- Register either to enroll in a plan, or not to enroll, within 31 days after becoming eligible.
- Complete changes in enrollment (SF-2809) within the established time limits.
- Notify PD of any changes in personal status affecting enrollment.
- Contact the carrier's office for information regarding benefits and costs of the conversion contract.
- Contact PD for information concerning action required for continued enrollment
- status of a child incapable of self-support. This action should be completed 30 days prior to child's attaining age 22.

- Submit claims directly to the carrier within established time limits.

**Carrier will:**

- Adjudicate claims of, and provide health benefits to, enrollees and covered members of their families in accordance with its contract with OPM.
- Furnish each employee enrolled in its health plan identification card(s) or other evidence of enrollment.

## **7. HEALTH BENEFITS PLANS**

**Government wide Service Benefit Plan.** Available to eligible employees regardless of location. Provides benefits through direct payments to doctors and hospitals. This plan is sponsored and administered by the national Blue Cross-Blue Shield organization.

**Employee Organization Plans.** Plans sponsored by employee organizations. Available only to employees who are, or who become, members of the sponsoring organization.

**Comprehensive Medical Plans.** Comprehensive plans are available only to the employees who reside in particular geographic areas served by the plans. There are two kinds of comprehensive plans--group practice and individual practice.

**Group-practice plans.** Provide benefits in the form of medical services by teams of doctors and technicians practicing in their own medical centers.

**Individual-practice plans.** Provide benefits in the form of direct payments to doctors with whom the plans have agreements. Hospital benefits are also included.

## **8. WITHHOLDINGS**

The amount withheld each pay period is determined by the plan and option chosen. Current rates are shown in the Information Guide and Plan Comparison Chart RI 70-1 and a summary of benefits are described in the brochure for each individual plan.

Full withholding is made even if the employee is in a pay status for only a part of the pay period provided the salary payments are sufficient to cover the deductions.

Part-time employees only receive a percentage of the regular Government contribution toward the cost of their enrollments in the FEHB Program. This amount is prorated based on their tour of duty. Those who have been continuously employed on a part-time basis on or before April 8, 1979, will not have the Government portion prorated.

Employees will be required to pay health benefit premiums for continued coverage during a nonpay status. Employees may, at their discretion, make direct payments during the nonpay status, or the amount will be recovered, in most cases, when the employee returns to duty.

## **9. CANCELLATIONS**

Employees may cancel enrollment at any time. Cancellations become effective on the last day of the pay period in which the health benefits registration form SF-2809, canceling the enrollment, is received by the Personnel Office.

Voluntary cancellations do not provide a 31-day extension for conversion purpose.

## **10. TERMINATIONS**

Enrollment ceases, subject to a 31-day temporary extension of coverage for conversion to a nongroup contract, on the earliest of the following dates:

- The last day of the pay period in which the employee was separated. This does not include actions of transfer, retirement, or compensable disability which entitle the employee to continue the enrollment.
- The last day of the pay period in which the employee status changes so as to exclude the employee from coverage.
- The last day of the pay period in which the employee dies if a survivor is not eligible to continue the enrollment.
- The 365th day of nonpay status (see Exhibit 1).



- The date separated, furloughed, or placed on leave of absence to perform military service of 30 days or more.

## **11. TEMPORARY EXTENSIONS FOR CONVERSION**

Employees are entitled to a 31-day extension of coverage without withholding contribution by the employee or the Government if enrollment is terminated other than by voluntary cancellation.

An employee confined in a hospital on the 31st day of temporary extension is entitled to continuation of coverage while confined up to maximum of 60 more days.

This temporary extension allows the employee time to convert to an individual nongroup contract plan.

## **12. TEMPORARY CONTINUATION OF COVERAGE FOR CERTAIN INDIVIDUALS**

There are three groups of individuals eligible for temporary continuation of coverage (TCC).

- Employees who separate from service, either voluntarily or involuntarily, unless the separation is involuntary due to gross misconduct. This group includes employees who retire but are not eligible for continuation of FEHB coverage as annuitants. Coverage can continue for 18 months from the date of separation.
- Children who have been under an employee's or annuitant's enrollment because they meet the requirement for unmarried dependent children of the employee or annuitant, and stop meeting the requirement for being considered unmarried dependent children of the employee or annuitant.

This group includes children who marry before reaching age 22, children who lose coverage because they reach age 22, children who lose their status as stepchildren or foster children, children who no longer meet coverage requirements as recognized natural children, and disabled children age 22 or older who marry, recover from their disability or become able to support themselves.

Children's coverage continues for 36 months from the date of the event

causing eligibility, unless the child's change in status occurred while the child was covered as a family member during a period of TCC following an employee's separation. Although the child would be entitled to TCC in his or her own right, the child's coverage may not continue beyond 36 months after the date of the employee's separation.

- Former spouses who meet the requirement in 5 U.S.C. 8901(10) of having been enrolled in an FEHB plan as a family member at some time during the 18 months before the marriage ended, but do not meet one or both of the other two requirements of 5 U.S.C. 8901(10) because of the former spouse (a) has married before reaching age 55; or (b) is not entitled to a portion of the employee or annuitant's annuity benefit or a survivor benefit based on the employee or annuitant's service.

Former spouses' TCC can continue for 36 months from the date of the event causing eligibility.

To continue coverage or enroll eligible children and former spouses under TCC, the employee shall contact their respective personnel assistants or administrative officers for further detailed information.

### 13. TEMPORARY EMPLOYEES

The Personnel Office must verify the employees' eligibility for FEHB coverage and provide them with information on their enrollment opportunity. Eligibility for FEHB coverage will be based on the following:

- The temporary employee has completed 1 year of service without a break in service of more than 5 days.
- **Temporary employee with a mixed tour.** If an employee is first hired on an intermittent basis, the 1-year period for FEHB eligibility does not begin until the employees' tour is changed to either full-time or part-time. The employee becomes eligible for FEHB 1 year after that date provided the employee is on a full-time or part-time tour on that date. If not, notification of eligibility must be delayed until the employee returns to a full-time or part-time tour of duty.
- Employee with a mixed tour will be eligible the date he or she enters a full-time or part-time tour of duty.

Further detailed information can be obtained from your servicing Personnel Office team in Greenbelt.

## **14. EFFECT OF INJURY COMPENSATION PAYMENTS**

Employees receiving OWCP compensation for job-related injury or illness, but no salary, and who are enrolled in the FEHB program may receive continued coverage provided, (1) they have been enrolled (or covered as a family member) in the FEHB program for 5 years immediately preceding the start of OWCP compensation, or (2) they have been enrolled during their entire service since their first opportunity to enroll.

Withholdings will be made by OWCP from the date compensation began or the date the employing office ceased withholdings, whichever is later. Withholdings are not made by OWCP when compensation is paid for less than 29 calendar days.

## **15. RETIREMENT**

Employees retiring (or spouses covered by family enrollment) are eligible to continue their health benefits coverage if they retire on an immediate annuity and have been enrolled in a FEHB plan (1) for the 5 years immediately preceding retirement, or (2) for their entire service period since their first opportunity to enroll.

No action is required by retiring employees if health benefits coverage is to continue.

Health benefits changes are permitted for employees who retire at overseas post of duty (see Exhibit 2).

Changing options within a plan are permitted when employees or annuitants become eligible for Medicare.

Deductions for health benefits coverage are withheld from the annuity check by OPM.

Open season changes for annuitants are permitted and processed by OPM, not the annuitant's former employing office.

## **16. COORDINATION WITH MEDICARE**

FEHB plans are designed to supplement benefits from Medicare. Medicare is divided into two parts:

- Hospital Insurance (Part A) - provides payments for patient hospital services, post-hospital extended care services, post-hospital home health services, and outpatient hospital diagnostic services.
- Medical Insurance (Part B) - provides payments for doctor's services, outpatient hospital service, medical services and supplies, home health services, outpatient physical therapy, and other home health care services.

Employees or annuitants eligible for social security or railroad retirement benefits are automatically covered by Part A without cost. Both eligible and ineligible employees for these benefits may enroll in Part A at age 65. In both situations persons age 65 can enroll in Part B and pay a monthly fee.

Under dual coverage of Medicare and an FEHB plan, medical expenses are claimed first from FEHB. Remaining expenses not paid by FEHB may be claimed from Medicare.

Employees enrolled in high option may change to low/standard option any time after 31 days prior to eligibility for Medicare. If their plan has no low/standard option they may change to another plan that has a low/standard option. Most low options will adequately supplement full Medicare coverage at less cost than the high options.

Detailed information on Medicare benefits is available from any Social Security District Office.

## **17. FORMER SPOUSE'S ELIGIBILITY FOR FEHB COVERAGE**

To be eligible for FEHB coverage in accordance with the provisions of the Spouse Equity Act of 1984, the former spouse must meet the following requirements:

- the former spouse must not have remarried before age 55, and
- the former spouse must have been covered as a family member in an FEHB plan at any time during the 18 months preceding the date of the dissolution of marriage, and **either**
- the divorce of the former spouse and employee must have occurred on or after May 7, 1985, and the former spouse must provide documentation from OPM of future entitlement to any of the following benefits:
  - a portion of the employee's annuity based on qualifying court order,

- survivor annuity benefits based on a qualifying court order,
- a survivor annuity elected by the employee or similar benefits under another retirement system for Government employees, or
- OPM will determine the former spouse's future entitlement to a survivor annuity or a portion of the employee's retirement annuity as a prerequisite to the former spouse's eligibility to enroll in the FEHB program. A former spouse should be advised to send a written request to OPM for a determination. The request must contain a certified copy of the court order and any other relevant information.

If the former spouse is divorced from the employee before May 7, 1985, the employee must have retired before May 7, 1985, and the former spouse must provide documentation from OPM of entitlement to a future survivor annuity. If the divorce occurs before May 7, 1985, the former spouse is not eligible for FEHB unless the employee retires before that date.

The written request should be sent to the following address:

Office of Personnel Management  
Retirement & Insurance Group  
Office of Retirement Programs  
P.O. Box 17  
Washington, DC 20044

- Once OPM has reviewed all the information provided by the former spouse, they will send the former spouse a written decision. A copy of OPM's written decision and former spouse's letter expressing a desire to enroll in the FEHB must be sent to the ARS Employee Benefits Officer within 60 calendar days from the date of OPM's written decision.
- Generally, the effective date of the former spouse's enrollment is the first day of the pay period after the date PD receives the Health Benefits Registration Form (SF-2809) and satisfactory proof of eligibility.
- The former spouse must pay the employee and Government share of the premium for every pay period during which the enrollment continues.
- A former spouse will be permitted to participate in open season like any other employee.

## **18. HEALTH BENEFITS CLAIMS RECONSIDERATION**

Employees may ask health benefits carrier to reconsider a claim (or portion of a claim) for health benefits which has been denied by the carrier. If the reconsideration is denied, the employee may request that OPM review the claim.

### **Employee Action**

- Send a written request for reconsideration of a denied claim to the carrier no later than 1 year from the date of the denial stating why the claim should have been allowed.
- If a carrier requests additional information to settle reconsideration claim, response must be sent within 60 days.
- Request OPM to review a denied claim if the carrier does not respond to first reconsideration within 30 days.
  - State why claim should be allowed (refer to health benefits brochure for description of allowable items).
  - Send copies of completed form, bills, and receipts regarding the claim, descriptions of the medical services for which claim was made, copies of correspondence with the carrier, and any additional information related to the claim.
- Send written request to:

Compensation Group  
Attention: Associate Director for Compensation  
U.S. Office of Personnel Management  
1900 E Street  
Washington, DC 20415

### **Carrier Action**

- Respond to the employee's reconsideration request within 30 days.
- May settle claim, or may request additional information relevant to deciding the claim.
- May deny the disputed claim giving reasons why it is disallowed, and advise

employees of their right to request OPM to review the case within 90 days of the denial.

#### **OPM Action**

- Review denied reconsideration claims within 30 days of receipt of appropriate information. Additional information may be requested from employee or others. No information will be collected without employee's written consent.
- Notify employee and health benefits carrier of its findings.

T. J. CLARK  
Deputy Administrator  
Administrative Management

#### **Exhibits**

- 1 FEHB - Enrollment Time Limits and Effective Dates
- 2 Table of Permissible Changes in Enrollment of Employees and Annuitants

Exhibit 1

FEHB - Enrollment Time Limits and Effective Dates

Kind Of Action	Time Limits	Effective Date	Form
Initial Enrollment	Decision to enroll or not enroll must be made within 31 days of new appointment or change to another type of appointment, e.g., conversion from temporary to permanent.	The pay period which begins after the completed SF-2809 is received in the PD provided employee was in a pay status during any part of the pay period.	SF-2809 - Completed by employee - Sent to PD
Changes	See Exhibit 2	Same as above except changes from self and family to self only 1/	Same as above.
Open Season	See Exhibit 2	- Employees enrolling for the first time:  The first pay period on or after 1/1 of the following year which follows a pay period during any part of which employee is in a pay status.	Same as above
Other Events: 365 days LVOP 2/ Reduction in Force	Enroll within 31 days after return to pay status.	Same as Initial Enrollment above.	Same as above
Military service exceeding 30 days duration	Employees exercising re-employment rights are eligible for reinstatement of health benefits. See Exhibit 2 for employees not exercising reemployment rights.	Day employee returns to duty.	SF-2810

- 1/ Contact PD for information concerning changes from self and family to self only.  
 2/ 365 continuous calendar days or a total of 365 days in a nonpay status when intermittent periods in a pay status total less than 4 consecutive months duration.



**TABLE OF PERMISSIBLE CHANGES IN ENROLLMENT**  
**Enrollment May Be Cancelled or Changed From Family to Self Only at Any Time**

No.	Event	Change Permitted			Time Limit in Which Permissible Form Existing Change Must Be Filed With Employing Office
		From Not Enrolled Covered	From Self Only to Family	From One Plan or Option to Another	
1	Open Season.	Yes*	Yes	Yes	As announced by the Office of Personnel Management.
2	Change in marital status. (Marriage, divorce, annulment, death of spouse.)	Yes**	Yes (except for later remarriage)	Yes (except for later remarriage)	From 31 days before to 60 days after change in marital status.
3	Other change in family status. (For example, birth of a child, adoption, remarriage, loss of military service of a spouse or of a child under age 21.)	No	Yes	No	Within 60 days after change in family status.
4	Move from an area covered by a private plan (GHI/PrivateC) in which coverage is due at move.	Does not apply	Yes	Yes	At any time after move.
5	Termination of enrollment by employee-organization plan because of termination of membership in organization.	Does not apply	No	Yes	Within 31 days after termination of enrollment in plan.
6	Employee, annuitant or former spouse (spouse equity), deceased as a family member under another's plan, terminates, loses coverage or other event by cancellation or change to Self Only of the covering enrollment for employee, annuitant or former spouse. (Federal Employees Health Benefits Program or under another Federally sponsored health benefits program, loses such coverage for any reason.)	Yes*	Does not apply	Does not apply	Within 31 days after termination (except, for employees, within 60 days after the death of the annuitant). Coverage is effective the first day of the pay period that begins after the terminating office receives the SF 2800. If election is made within the time limit, but after expiration of a 31-day extension of coverage for loss due to the expiration of a 31-day extension of coverage, there will be a break in coverage.
7	Employee, annuitant or former spouse (spouse equity), covered as a family member under another's FEHB enrollment, loses coverage because of change of the covering enrollment from Family to Self Only.	Yes, but Self Only	Does not apply	Does not apply	Within 31 days after change of covering enrollment has been filed. Coverage is effective the first day of the pay period that begins after the terminating office receives the SF 2800. If election is made within the time limit, but during a pay period following the date in which the change to Self Only was filed, there will be a break in coverage.
8	Employee provides to covered post of duty from the United States, or overseas.	Yes*	Yes	Yes	Within 31 days before or after move.
9	Employee returns to active civilian duty or employment from military service.	Yes**	Yes	Yes	Within 31 days after return to active civilian duty or employment from military service.
10	Year plan ends participating in the FEHB Program.	Does not apply	Yes	Yes	As set by the Office of Personnel Management.
11	Self Only enrollment under the Program of employees or annuitants spouse terminates as a result of change in spouse's Federal employment status to 365 days military status.	No	Yes	No	Within 31 days after termination of spouse's enrollment. Coverage is effective the first day of the pay period that begins after the terminating office receives the SF 2800. If election is made within the time limit, but after expiration of the 31-day extension of coverage for loss due to the expiration of the 31-day extension of coverage, there will be a break in coverage.

No.	Event	Change Permitted			Time Limit In Which Registration Form Submitting Change Must Be Filed With Employing Office
		From New Enrolled In	From Self Only In Family	From One Plan or Child to Another	
12	Employee who is not enrolled loses coverage under private non-federal health plan.	Yes*	Does not apply	Does not apply	Within 31 days after loss of coverage, except within 60 days after the death of the parent.
13	Enrolled employee returns from overseas part of duty and is eligible to continue enrollment as described.	Does not apply	Yes	Yes	Within 60 days after return.
14	Employee becomes eligible for Medicare.	Does not apply	No	Yes	A. any time beginning 30 days before becoming eligible for Medicare.
15	Employee's eligible child (or children) loses coverage under another's FEHB enrollment.	No	Yes	No	Within 31 days after child's (children's) loss of coverage. Coverage is effective the first day of the pay period that begins after the employee's office receives the SF 2000. If election is made within the time limit, but after expiration of the 31-day extension of coverage (or not done in the expiration of the 31-day extension of coverage), there will be a break in coverage.
16	Employee loses coverage under Medicaid (State program or Medicaid assistance for the needy).	Yes*	Does not apply	Does not apply	Within 31 days after termination of Medicaid.
17	Employee, annuitant or former spouse (spouse annuitant) covered as a family member under another's FEHB enrollment, loses coverage due to cancellation of the insuring enrollment.	Yes*	Does not apply	Does not apply	You must enroll in the same plan and option as that from which coverage is lost, eligible to enroll in that plan, within 31 days after cancellation of the enrollment. If not eligible to enroll in that plan, you may enroll in the same option any available plan within the 31-day period. Coverage is effective the first day of the pay period that begins after the employee's office receives the SF 2000 election is made within the time limit, but during a pay period following the day which the cancellation was filed, there will be a break in coverage.
18	Enrolled employee's employment status changes from full-time to part-time career employment as defined in the Federal Employees Part-Time Career Employment Act of 1978.	No	No	Yes	Within 31 days after the change in employment status.
19	Employee or employee's spouse loses coverage under employee's non-federal health plan when spouse terminates employment to accompany employee whose enrollment is affected out of controlling area.	Yes*	Yes	No	Within 31 days before or after move.
20	Employee's or annuitant's spouse (spouse annuitant) loses his or her non-federal health insurance coverage, or coverage for his or her dependent(s) or employee's or annuitant's eligible child (or children) loses non-federal coverage under the other parent's health plan because the other parent involuntarily loses coverage for his or her dependent(s).	Yes*†	Yes	No	Within 31 days before or after spouse's or dependent's loss of coverage, or within 31 days before or after child's (or children's) loss of coverage.

No.	Events That Permit Enrollment Change		Change Permitted			Time Limit in Which Registration Form Electing Change Must Be Filed with Employing Office**
	Event	From Not Enrolled in	From Not Enrolled in	From Not Enrolled in	From Not Enrolled in	
21	Former spouse who is eligible to enroll under the authority of the Civil Service Retirement System Equity Act of 1984 (P.L. 98-615), as amended, the Intelligence Authorization Act of 1986 (P.L. 99-569), or the Foreign Relations Authorization Act, Fiscal Years 1986 and 1987 (P.L. 100-204).	Yes*	Does not apply	Does not apply	Does not apply	Generally, within 60 days after divorce. If divorce occurs after Federal employee retires, within 60 days after divorce or 60 days after notification of a survivor annuity for the former spouse. Certain former spouses of employees who retired before May 7, 1965, may be subject to a different time limit and should contact the employee retirement system for additional information.
22	Temporary employee completes one year of service in accordance with 5 U.S.C. 8303a.	Yes*	Does not apply	Does not apply	Does not apply	Within 31 days after becoming eligible.
23	Temporary employee, eligible under 5 U.S.C. 8303a, changes to a non-temporary appointment.	Yes*	Yes	Yes	Yes	Within 31 days after changing to non-temporary appointment.
24	Employee separated from service and eligible for temporary continuation of coverage.	Does not apply	Yes	Yes	Yes	Within 60 days after the last day of separation; or reaching notice of an opportunity to elect temporary continuation of coverage. Coverage effective the day after other FEHB coverage ends, including the 31-day extension of coverage. If election is made after the end of the 31-day extension of coverage, its effective date will be retroactive.
25	Child of employee, former employee or annuitant who meets the requirements for unmarried dependent children.	Yes*	Does not apply	Does not apply	Does not apply	Within 60 days after the last of the qualifying event or the child reaching notice of the opportunity to elect temporary continuation of coverage (based on the employee's notification to the employing office of the child's eligibility). Coverage is effective the day after other FEHB coverage ends, including the 31-day extension of coverage. If election is made after the end of the 31-day extension of coverage, its effective date will be retroactive.

\* Individuals must be otherwise eligible to enroll.

† Employees only.

\*\* Also selected effective date (format)